MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/681858 | FILING DATE

APPLICANT(S)

10/1705

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		1				
2							52		1				
3							53		1				
4							54	1					
5							55		1				
6							56		1				
7							57		1				
8							58		1				
9							59		1				
10							60		1				
11							61		1				
12							62		1				
13							63		1				
14							64		1				
15							65	1	1				
16							66		1				
17							67		1				
18							68		1				
19			1				69	1					
20				1			70		1				
21				1			71		1				
22				1			72		1				
23				1			73		1				
24				1			74		1				
25				1			75		1				
26				1			76		1				
27				1			77		1				
28				1			78		1				
29				1			79		1				
30				1			80		1				
31				1			81		1				
32				1			82		1				
33				1			83		1				
34			1				84	1	1				
35				1			85		1				
36				1			86		1				
37				1			87		1				
38				1			88		1				
39				1			89		1				
40				1			90		1				
41				1			91		1				
42				1			92		1				
43				1			93		1				
44				1			94		1				
45				1			95		1				
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.							TOTAL IND.	6					
TOTAL DEP.							TOTAL DEP.	71					
TOTAL CLAIMS							TOTAL CLAIMS	77					